



**PATIENT PRESENTING CLINICAL SIGNS**

Pinot Lundy History: Chronic allergies, chronic alkph elevation, previous isotheruria and hypercholesterolemia  
Medication: Zyrtec, Apoquel, immunotherapy

**SPECIES**  
ALP 997, Cholesterol 378

Canine  
Urine specific Gravity: 1st morning sample-1.016

**BREED**

Pitbull

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

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The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**AGE**

7 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

48 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.4 cm in length. The right kidney measured 7.0 cm in length.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.70 cm width at the caudal pole and 0.60 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width at the caudal pole and 0.49 cm width at the cranial pole.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Spleen**

**HOSPITAL NAME**

White Haven VH

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**REFERRING VET**

Dr. Sobieray

**Liver/ Gallbladder**

**INVOICE**

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size. No evidence of gallbladder mural or peripheral inflammation. Moderate, congealed to nondependent yet nonorganized gallbladder debris was present. The cystic and common bile ducts were normal.

**DATE**

12.28.2021



## PATIENT

Pinot Lundy

### ***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

## SPECIES

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

## SEX

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### ***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

## AGE

7 years

### ***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

## WEIGHT

48 Pounds

## ULTRASONOGRAPHIC FINDINGS

### ***Primary Findings***

- Sonographically unremarkable bilateral kidneys and adrenal glands
- Hepatopathy - subjectively benign
- Moderate congealed gallbladder debris (non-mucocele)
- Gastric ingesta - probable post prandial presentation

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DVM, DABVP  
(Canine and Feline)

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the liver may include idiopathic vacuolar hepatopathy or potential cholestasis, given the presence of gallbladder debris. Inflammation hepatopathy is possible yet considered less likely. No evidence of hepatic or hepatobiliary neoplastic criteria. Hepatosupportive medications including Ursodiol may prove beneficial.

## IMAGING PERFORMED BY

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ARDMS/RVT

## HOSPITAL NAME

White Haven VH

## REFERRING VET

Dr. Sobieray

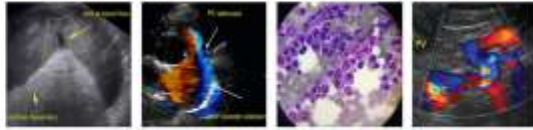
The appearance of the bilateral adrenal glands is not overtly consistent with hyperplasia or underlying endocrinopathy. However, adrenal workup including LDDST may be considered if clinical suspicion for hyperadrenocorticism. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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**AGE**

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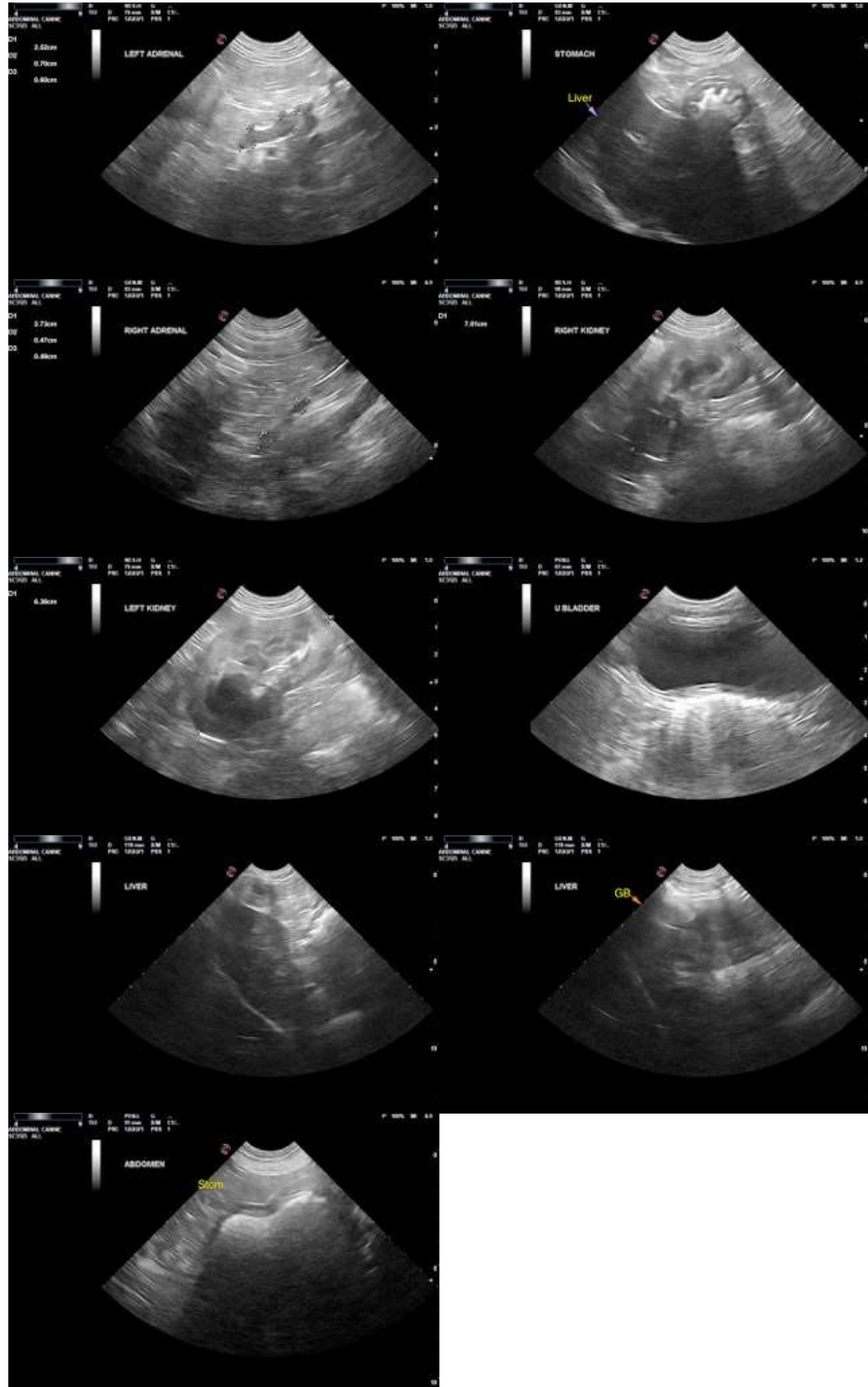
Dr. Sobieray

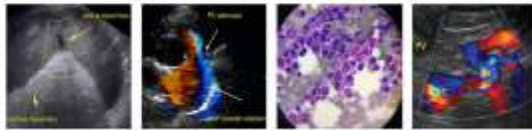
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**PATIENT**

Pinot Lundy

**SPECIES**

Canine

**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**BREED**

Pitbull

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**SEX**

FS

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**AGE**

7 years

**WEIGHT**

48 Pounds

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